

4. Liaison Between Department of Public Welfare and State Commission for the Blind

(a) State Office Level. The two agencies will maintain close liaison at the state level. This will be accomplished through routine and periodic communication on the part of those individuals on the state office staff of the two agencies who are primarily concerned with each agency's provision of medical services. Other appropriate state office representatives of both agencies will meet from time to time, as special problems might require and for the purpose of evaluating periodically the effectiveness of this agreement.

(b) Liaison on the Intermediate and Local Level. Both agencies will encourage intermediate level staff and field staff to cooperate with one another, to develop close working relationships and to communicate directly when it is apparent that cooperative effort is desirable on particular cases.

5. Continuous Exchange of Information

It is recognized that good communication is essential at both the state level and the local level if this agreement is to be efficiently implemented. Therefore, when staff members of either agency become aware of information which would be helpful to the other agency, such information will be shared. The information to be shared includes, but is not limited to, such matters as changes in policy, actual or proposed legislative changes, changes in the types of cases being received, expansion or restriction of financial resources, and other similar matters which affect the operation of either agency.

6. Statistical Information

The two agencies will develop adequate means whereby statistical information will be shared.

7. Coordinated Staff Development

At the state office level within both agencies, plans will be formulated for initial orientation and for regular and on-going staff development which will involve personnel from both the State Department of Public Welfare and the State Commission for the Blind. Timing and consent will be worked out by the training staff of each agency in consultation with appropriate representatives of the other agency.

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II. Implementation of the AgreementsA. Identify Clients

The DPW worker will review his caseload to identify individuals who could profit by referral to one of the three cooperating agencies. Although the final eligibility will be determined by the other agency involved, the DPW worker will use the general eligibility outlines to determine the advisability of referral.

B. Discussion of Referral with Clients

The DPW worker will discuss with the client, (or, if he is a child, with his parents or other responsible relative or legal guardian) his willingness to be referred for treatment, training, etc., explaining the reasons for, and benefits to be derived from, the services of the other agency. Since illnesses and handicaps have various meanings to people, it is a prerequisite that the worker understand how the client feels about his condition, and what he would like to do about it before he can effectively discuss the proposed referral. Resistance and problems will have to be handled on an individual basis, allowing the client to move toward this step at his own rate of speed.

Case work services are especially important in those instances where a family prefers to use a doctor other than the specialist selected by the other agency.

C. Referral to Other Agency

If the client is willing to be referred, the DPW worker will send a written referral to the other agency, giving identifying information, the reason for the referral (including the client's feeling about going to the other agency), and requesting a conference to discuss the situation.

D. Joint Conference With Department of Public Welfare and Other Agency

The DPW worker and his supervisor should confer with the worker and supervisor from the other agency concerning the decision to accept or reject the referral.

1. Acceptance of the Case

The representatives of the two agencies will discuss reasons for the referral, the possibilities for treatment or rehabilitation, mutual responsibilities, and social problems involved in treatment before arriving at a decision as to acceptance of the case.

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## 2. Case Planning

If the case is accepted, plans will be formulated for follow up on the situation; an agreement will be made regarding mutual responsibilities; and an understanding will be reached as to the frequency of exchange of information while the patient is receiving mutual services.

### (a) Medical Planning

Medical treatment will be supervised by the other agency. They will plan the treatment or the training courses and work out plans to deal with problem areas, such as transportation, living arrangements away from home, etc.

### (b) Social Planning

The DPW worker will help implement the plan by giving the family and the patient interpretive and supportive case-work help. The worker will help to smooth out any social problems involved, such as substitute child care, assistance with financial problems, etc.

### (c) Financial Agreements

According to the agreements made by the Department of Public Welfare with Vocational Rehabilitation, Crippled Children's Division, and the State Commission for the Blind, the financing of medical treatment will be as follows:

Title XIX will be billed for the basic medical services, i.e., in-patient hospitalization, physicians' services, X-ray and laboratory services, skilled nursing home services, and out-patient services.

Any balance unpaid by Title XIX will be the responsibility of the respective agency.

Other items and services will be paid for out of the funds of the other agency, according to their own billing system. These items would ordinarily include such items as prosthetic devices, braces, and special medical equipment, as well as home health services.

#### Note:

Any physical or mental examinations performed by the other agency which are necessary to establish the eligibility of the client for their program, are the financial responsibility of the other agency. This is especially true in relation to Crippled Children's Division since the Department of Public Welfare is not to pay for any separate and complete diagnostic workup.

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(d) Referrals

In the referral conference a plan will be decided upon for any future conferences and exchange of information which will be needed to implement the plan.

3. Follow-up

The responsibilities of the two agencies will continue as long as the case is mutually handled. The DPW worker will give casework services to help the client follow through with his treatment or training so that he may make the optimum use of the services offered him. The cooperative agency will continue to give the required medical and rehabilitative services, carrying primary responsibility for these services.

4. Exchange of Information

Both agencies will exchange information on the progress of the case, indicating any areas of difficulty encountered which would have a bearing on the functions of the other agency.

5. Termination of Services

When either agency prepares to terminate the case, a summary will be sent to the other agency stating the progress of the case, the goals achieved, any accomplishments made or not made, and any recommendations for the future.

Interrelations Between Title XIX and Title V Grantees.

The State Agency will when feasible make cooperative arrangements with grantees under Title V of the Social Security Act to provide for utilizing such grantees in furnishing to recipients eligible for Medical Assistance under Title XIX the care and services which are available under Title V plans or projects provided such care or services are included in the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act. Where requested by the Title V grantee and agreed to by the State Agency and in accordance with the arrangements specified in 45 CFR 251.10 (a) (3) provisions may be made for reimbursement of the cost of such care and services furnished by or through the Title V grantee to an individual eligible therefor under the Texas State Plan for Medical Assistance under Title XIX. The cooperative arrangements, where such reimbursement is provided for, shall be in writing, and the State Agency may pay the providers directly or through its Health Insuring Agent or may reimburse the Title V grantee, as determined by the State Agency.